

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/533578

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		2		/		
5		2		/		
6		3		/		
7		3		/		
8		3		/		
9		3		/		
10		3		/		
11		3		/		
12		3		/		
13		3		/		
14		3		/		
15		3		/		
16		3		/		
17		3		/		
18		3		/		
19		3		/		
20		3		/		
21		3		/		
22		3		/		
23		3		/		
24		3		/		
25		3		/		
26		3		/		
27		3		/		
28		3		/		
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35		3		/		
36		3		/		
37	/		/			
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41		3		/		
42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49	/		/			
50	/		/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52		/		/		
53		/		/		
54		2		/		
55		2		/		
56		4		/		
57		4		/		
58		4		/		
59	/		/			
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	49	←		←
TOTAL CLAIMS			57			